<u>Indiana State Police Methamphetamine Laboratory Occurrence Report</u> This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>4/2/10</u>	Address:	<u>1022 S 900 W</u>
Case #:	<u>16-19632</u>		Kempton, IN
County:	<u>Tipton</u>		·
		Seizure Location (check all that apply)	
= -	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s): open air			
Corrosive Acid:			
Corrosive Base:			
Other (item and location): Salt - open air			
Yes _ No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrin Retail/M	e Information e/Pseudoephedrine Tracking Log erchant Tip oton CSD
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	ment: N/A	Fax:	_
Health Dep	artment: <u>N/A</u>	Fax: Fax:	_
Child Prote	ction Service: <u>N/A</u>		_
For further information regarding this methamphetamine laboratory, contact Investigating Officer: B. Russell Phone 765-567-2125			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.